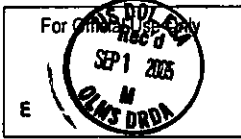


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13481</u>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name John E Stewart P O Box Bldg Room No if any Street 22 Shenandoah Court City Littlestown State Pennsylvania ZIP Code +4 17340	4 Name file number and address of labor organization Name ILA Local No 1429 Labor Organization File Number 002 771 P O Box Building and Room Number if any Street 1128 30 Hull Street City Baltimore State Maryland ZIP Code +4 21230 5237
5 Position in labor organization Vice-President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name STA of Baltimore ILA Benefit Funds Trade Name if any P O Box Bldg Room No if any Street 6610 Tributary Street City Baltimore State Maryland ZIP Code +4 21224 6500	7 a Nature of Interest Transaction or Income Payments/Reimbursements by respective funds listed (See attached) 7 b Amount \$4 139

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u><i>John E Stewart</i></u>	On <u>8-26-05</u> <u>717 359 0024</u> Date Telephone Number

Name of Person Filing John Stewart	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of interest held or income received</p>
	<p>12 b Amount</p>

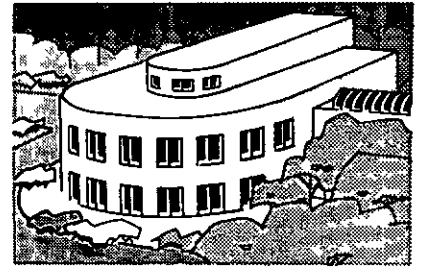
<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

Steamship Trade Assn /International Longshoremen's Assn

PENSION TRUST FUND – BENEFITS TRUST FUND

CO ADMINISTRATOR
AND
SECRETARY
JOHN P. HUGHES

CO ADMINISTRATOR
RICHARD P. WOHLFORT JR



Jackson Taylor Building

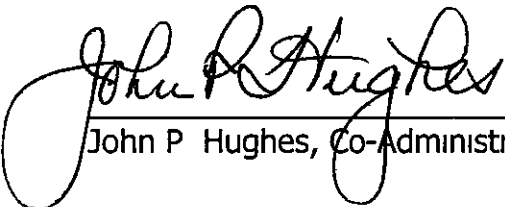
August 15, 2005

Dear Labor Trustee

In the ordinary course of fulfilling your fiduciary responsibility as Trustee of one or more of the STA of Baltimore – ILA Fringe Benefit Funds, certain payments/reimbursements have been provided to you by the Fund Office that are required to be reported on Form LM – 30 pursuant to Section 202 of the Labor-Management Reporting and Disclosure Act of 1959

For your information, along with Form LM -30 and related instructions, we have attached a detailed list of all payments/reimbursements provided to you by the respective Funds for the period January 1, 2004 through December 31, 2004. If you, or your legal representative, believe you are required to file a LM – 30, see instructions to Form LM – 30. It will be your responsibility to determine what, if any, of these payments are reportable.

Sincerely,


John P. Hughes, Co-Administrator


Richard P. Wohlfort, Jr., Co-Administrator

Stewart John

					PENSION FUND	BENEFITS FUND	SEVERANCE FUND	TOTAL
ILA Local 1429	IFEPB 2004	Cal Yr '04	9/1/2004	Conference Advance	1 764 00	630 00	126 00	2 520 00
ILA Local 1429	IFEPB 2004	Cal Yr 04	12/8/2004	Conference Refund	(2 19)	(0 78)	(0 17)	(3 14)
ILA Local 1429	IFEPB 2004	Cal Yr 04	12/9/2004	Wage Reimbursement	1 135 75	405 63	81 12	1 622 50
					2 897 56	1 034 85	206 95	4 139 36